## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

serial no. 10/597159 FILING DATE

(FOR USE WITH FORM PTO-875)

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1"AMENDMENT		AFTER 2 ** AMENDMENT	
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TOTAL IND.	0		0		0	•
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TOTAL CLAIMS	0		0		0	

PTO - 1360 (REV. 04/2007)

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